

TRANSMITTAL FORM

Application Serial Number	10/594,281
Filing Date	September 26, 2006
First Named Inventor	Mark Vincent
Group Art Unit	1636
Examiner Name	Unassigned
Attorney Docket No.	50098-002USNATL
Patent Date	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form 	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)	<input type="checkbox"/> Request for Certificate of Correction
<input checked="" type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Not. to File Msg. Req. <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____] 	<input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Certificate of Correction (in duplicate)
<input type="checkbox"/> Petition for Extension of Time (1/2/3 /4months)	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences
<input type="checkbox"/> Information Disclosure Statement <ul style="list-style-type: none"> <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations 	<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input type="checkbox"/> Appeal Brief (in triplicate)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Status Inquiry
<input checked="" type="checkbox"/> Sequence Listing submission <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Paper Copy/CD <input checked="" type="checkbox"/> Computer Readable Copy <input checked="" type="checkbox"/> Statement verifying identity of above 	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Return Receipt Postcard
	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
	<input type="checkbox"/> CD(s) for large table or computer program	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) Response to File Missing Requirements Statement to Support Filing and Submission of Seq. Listings.
	<input type="checkbox"/> Amendment After Allowance	

CORRESPONDENCE ADDRESS

Direct all correspondence to: PATENT ADMINISTRATOR
 Proskauer Rose LLP
 1001 Pennsylvania Ave., N.W.
 Suite 400, South
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 CUSTOMER NO: 61263

SIGNATURE BLOCK

Date: January 10, 2008
 Reg. No.: 40,244
 Tel. No.: (202) 416-6800
 Fax No.: (202) 416-6899

(Signature)
 Re: 10/594,281
Reg. No. 33,715
 Paul M. Booth
 Attorney for the Applicant(s)
 Proskauer Rose LLP
 1001 Pennsylvania Ave., N.W.
 Suite 400, South
 Washington, D.C. 20004

				Complete if Known			
FEE TRANSMITTAL				Application Serial No.	10/594,281		
				Filing Date	September 26, 2006		
				First Named Inventor	Mark VINCENT et al.		
				Group No.	1636		
				Examiner Name	Unassigned		
				Confirmation No.	6317		
METHOD OF PAYMENT				FEES CALCULATION (continued)			
<input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other				4. ADDITIONAL FEES			
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-3840				Large Entity	Small Entity		
<input checked="" type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.				Fee (\$)	Fee (\$)	Fee Description	Fee Paid
				130	65	Surcharge - late filing fee or oath	
				50	25	Surcharge - late provisional filing fee or cover sheet	
				130	130	Non-English specification	
				2,520	2,520	Request for ex parte re-examination	
				120	60	Extension for reply within 1 st mo.	
				450	225	Extension for reply within 2 nd mo.	
				1,020	510	Extension for reply within 3 rd mo.	
				1,590	795	Extension for reply within 4 th mo.	\$820.00
				2,230	1,115	Extension for reply within 5 th mo.	
				500	250	Notice of Appeal	
				500	250	Filing a brief in support of an appeal	
				1,000	500	Request for oral hearing	
				400	0	Petition to the Director	
				180	180	Submission of IDS	
				790	395	Filing a submission after final rejection (37 CFR 1.129(a))	
1. BASIC FILING, SEARCH, AND EXAMINATION FEES				Fee	Small Entity		
Application Type	Filing	Search	Examination	Fee Paid	Fee (\$)		
Utility	300	500	200				
Design	200	100	130				
Plant	200	300	160				
Reissue	300	500	600				
Provisional	200	0	0				
<i>Small Entity Discount</i>							
2. EXCESS CLAIM FEES				Fee	Small Entity		
				Fee (\$)	Fee (\$)		
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent				50	25		
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.				200	100		
Total Claims	Extra Claims			Fee Paid (\$)			
				- 20 or HP= <input type="text"/> x \$ <input type="text"/> =			
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims	Extra Claims			Fee Paid (\$)			
				- 3 or HP= <input type="text"/> x \$ <input type="text"/> =			
HP = highest number of total claims paid for, if greater than 3							
Multiple Dependent Claims	Fee(\$)	Small Entity fee (\$)	Fee Paid (\$)				
	360	180					
				2. TOTAL: <input type="text"/>			
3. APPLICATION SIZE FEE				SIGNATURE BLOCK			
If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Additional 50 or fraction thereof	Fee (\$)	Fee Paid	Respectfully submitted, <i>Paul M. Booth</i> Reg. No. 33,715		
-100= 0 /50=	round up to a whole number	x	= .00				
				3. TOTAL: <input type="text"/>			
CORRESPONDENCE ADDRESS							
Direct all correspondence to: PATENT ADMINISTRATOR Proskauer Rose LLP 1001 Pennsylvania Avenue, N.W., Suite 400 Washington, D.C. 20004 Tel. No.: (202) 416-6800 Fax No.: (202) 416-6899 CUSTOMER NO: 61263							
				Date: January 10, 2008	for Paul M. Booth Attorney for the Applicant(s) Proskauer Rose LLP 1001 Pennsylvania Ave., N.W., #400 Washington, D.C. 20004		
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